

eated. The proper and thorough surgical treatment of the wound and the use of sedatives, stimulants, etc., are very essential factors in the treatment of the disease. The authors are of the opinion that intraneural injections of antitoxin are an uncertain and round-about way of reaching the diseased nerve-centres, which may be much more simply and thoroughly accomplished by intraspinal injections.

The Value of Hexamethylenamin as an Internal Antiseptic in Other Fluids of the Body than Urine.—HINMAN (*Arch. Int. Med.*, 1914, xiii, 841) says that hexamethylenamin is dependent on the liberation of formaldehyd for its antiseptic value. Hexamethylenamin is not converted into formaldehyd in any of the normal alkaline fluids of the body; therefore, it can be of no prophylactic value in any of these fluids. After some infections of these fluids there may be under certain conditions a change in reaction sufficient to produce slight liberation of formaldehyd, but it was not possible to show that there would be enough to give antiseptis. In localized infections of pronounced acidity, hexamethylenamin is not taken into them from the circulation in amounts sufficient to form formaldehyd in antiseptic strength (the gall-bladder, possibly, excepted). The therapeutic use of hexamethylenamin as an internal antiseptic is justified, experimentally, for urinary conditions alone, and then only when it is excreted into an acid urine.

The Treatment of Chronic Gout with Acitrinum Compositum.—LAMPE (*Berlin. klin. Woch.*, 1914, li, 933) reports very favorable results with the use of acitrinum compositum in the treatment of 30 cases of chronic gout. This remedy is a combination of colchicin with acitrin, a derivative of atophan. This preparation seems not only to cause an increased excretion of uric acid and nitrogen by the kidneys but also has a marked analgesic action due to its colchicin content. Lampe observed no untoward effects from its use.

The Treatment of Syphilis of the Nervous System.—FORDYCE (*Jour. Amer. Med. Assoc.*, 1914, lxiii, 552) believes that in estimating the results obtained by the intensive treatment of syphilis of the nervous system one must not forget the influence of the psychologic effect of a new method of treatment and the fact that in many cases of tabes and paresis there are periods of remission covering months or years. Observations of this kind, however, were made before we employed the more precise methods of diagnosis and controlled our treatment by means of the examination of the spinal fluid. Furthermore, many of our most striking results have been obtained in patients who had long-continued and marked symptoms such as girdle sensation, pains, and impairment of locomotion. The change in the clinical symptoms as well as the serologic findings would certainly give strong presumptive evidence that the results were due to an actual improvement in the condition and not a normal remission. Each case is a problem in itself and must be approached in an individual manner. Different pathologic conditions are present, so that while on the one hand we have an active process, on the other there is a degenerative one. Complicated, perhaps, with an endarteritis, softening, or scar

formation. Symptoms which are due to interference with nutrition or pressure we cannot expect to influence. When salvarsan is employed it should be done so intensively and combined with mercury. The criticism of certain writers against the employment of salvarsan in the secondary stage of syphilis is entirely fallacious, for we know that when it is given in the proper manner combined with mercury, the so-called neurorecidives do not occur. In an experience of over two years, during which this method of treatment has been followed, not a single case of nerve recurrence has been observed. The cases submitted show that it is possible in some instances by intravenous medication alone to influence the clinical and serologic findings, and when this does not take place the only alternative may be intraspinal medication. Until we are more familiar with the effects of serum fortified, *in vitro*, the Swift and Ellis method of salvarsanizing serum, *in vitro*, should be the one of choice. In certain cases the serum from a patient so treated may be reinforced with from 0.25 to 0.5 mg. of salvarsan. It must always be borne in mind that the spinal cord reacts intensively to irritants even of a mild grade. When a degenerative process is present the resistance of the cord is much below that of a normal one and the brunt of the irritation falls on the degenerated areas. Fordyce is convinced that the intelligent and energetic treatment of the infection in the early stages properly controlled by the serum reaction would do much to prevent the subsequent development of nerve syphilis. It must, however, be thorough to eliminate the possibility of residual foci, which experience has taught have a predilection for the meninges. The early history of salvarsan shows that these accidents occur more precipitately after its use than under the older and milder methods of treatment.

The Use of Salvarsan in Non-syphilitic Diseases.—BEST (*Jour. Amer. Med. Assoc.*, 1914, lxiii, 375) reviews the literature regarding non-syphilitic diseases treated with salvarsan. The list of diseases is a long and varied one, even though apparently incomplete. The diseases treated by the author include cases of anemia, chancroid, chyluria, elephantiasis, epithelioma, erythema multiforme, leprosy, lupus vulgaris, pityriasis rubra, psoriasis, tuberculosis, and trichinosis. The author states that it is justifiable to formulate the following rules for the use of salvarsan in non-syphilitic diseases from the study of the reported cases including those personally observed by him. Salvarsan is specific in diseases caused by any variety of spirillum. Salvarsan has curative properties in those diseases in which the infecting organisms are found in the blood or lymph, or in other locations where they can be easily reached. Salvarsan has great therapeutic value in those diseases in which arsenic has been successfully used. Salvarsan, if used with caution in repeated doses over a long period, has a therapeutic value in those diseases in which previously arsenic gave indifferent results. Salvarsan, used as an adjuvant to some other drug or drugs, is useful in those diseases in which a decided and quick tonic, stimulating and alterative effect is desired, depending on the other drug or drugs for the ultimate result. The mode of administration is important and should be as follows: intravenous in those diseases in which a specific action is desired; full dose intramuscular injections repeated